

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

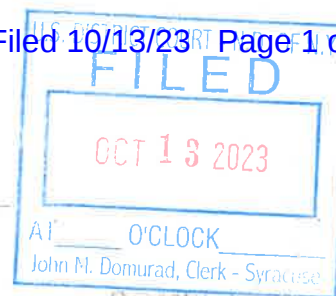
Kevin DrawHorne

Plaintiff(s),

v.

1. Hon: Aloise, m 2. melinda Katz  
125-01 Queens B 3. Commissioner Davis  
4. The people of the state of New York

Defendant(s).

COMPLAINT  
(For Se Prisoner)Case No. 6:23-cv-1278  
(Assigned by Clerk: TSM/TWD  
Office upon filing)

Jury Demand

☒ Yes☐ No

## NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only* the last four digits of a social security number or taxpayer identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2

## I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)  
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 833 (1971) (federal defendants)  
☐ Other (please specify) \_\_\_\_\_

II. PLAINTIFF(S) INFORMATION

Name: Kevin DrawHorne  
Prisoner ID #: 23R0208  
Place of detention: marcy correctional facility  
Address: 9000 old River Rd po 3600  
marcy Ny 13403

Indicate your confinement status when the alleged wrongdoing occurred

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner  
☐ Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration

(None)

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets or pages may be used and attached to this complaint.

III. DEFENDANT(S) INFORMATION

Defendant No. 1: melinda Katz  
Name (Last, First)  
District attorney  
Job Title  
125-01 Queens Boulevard  
Work Address  
Kew Gardens Ny 11415  
City State Zip Code

Defendant No. 2: Aloise, m  
Name (Last, First)  
Judge  
Job Title

125-01 Queens Boulevard  
Work Address

Kew Gardens Ny 11415  
City State Zip Code

Defendant No. 3: Davis  
Name (Last, First)

Commissioner  
Job Title

The Hamisman campus Bldg 2 1220 Washington av  
Work Address

Albany Ny 12226  
City State Zip Code

Defendant No. 4: The people of the state of New York  
Name (Last, First)

state government  
Job Title

28 liberty st 14<sup>th</sup> fl  
Work Address

New York Ny 10005  
City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

#### IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

On January 5<sup>th</sup> 2023 approx 9:30 am while Being in front of Aloise, m violated my Rights throughout the court proceedings. I was deprived from Having good counsel and being full able to cross-examine my defendant(s). I was never able to see my discovery nor attend my grand Jury. I was fully coerced into taking a plea and given never a chance to create a good ~~defense~~ defense in my case. my attorney was aware of all violations and still never objected to it. THE DA acted out of color by stating wrongful facts of the case. on feb 23 2023 the state of Ny denied my motions to deferring surcharges and Being not eligible for Hardship Hearing at all.

#### V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right, and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

#### FIRST CLAIM

On 4-4-22 melinda Katz violated my 14<sup>th</sup>, 8<sup>th</sup>, 2<sup>nd</sup> By not allowing me to testify in my grand Jury. And speak freely in court. And not able to make a defense.

#### SECOND CLAIM

The Judge Hon: Aloise, m would not allow me to obtain new Counsel and not let me Hire another one. And that a violation and being as DA, Judge coerced me to take a Bid.

#### THIRD CLAIM

The people of the state of Ny violated by not allowing me to Beable to Build a defense in my case that I could fight.

#### VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case

I am seeking \$15 million for violations of my constitutional rights, due process unlawfully incarceration, duress, mental anguish, pain & suffering.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 10/10/23

Kevin Thibodeau

Plaintiff's signature

(All plaintiffs must sign the complaint)